Effective December 8, 2004									11	1.561	25	
	CLAIMS	AS FILE	O - PART	1			SMALL	FATITY	14/	<del></del>	-	
		(Col	(Column 1) (Column 2)				TYPE		)	OR SMA	IER THAI LL ENTIT	
U.S. NATION	AL STAGE FEES				•		RATE	FE	ε	RATE	FE	
BASIC FEE		SMALL ENT. = \$ 150		и	RGE ENT. = \$ 30	•	BASIC FEE	1	7	OR BASIC FEE	2	
EXAMINATION	FEE	Salisties PCT Article 33(1)- (4) = \$ 50 / \$ 100		A	other situations = \$ 100 / \$ 200		EXAM, FEE			EXAM. FEE	19	
EARCH FEE		U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400		All	other situations = \$ 250 / \$ 500		SEARCH FE	E		SEARCH F	E 4	
EE FOR EXTR	A SPEC. PGS.	minus 100 =			/50 =	7	X \$ 125	-		X \$ 250	=   ~	
OTAL CHARGE	ABLE CLAIMS	2014 "	ninus 20 = .	•		7	X \$ 25 =		$\neg$	R X\$50	:	
DEPENDENT (	CLAIMS	13	minus 3 = ,			1	X \$ 100 =	:	0	R X \$ 200	-	
VLTIPLE DEPE	NDENT CLAIM PR	ESENT	SENT			7	+ \$ 180 =		701	R +\$ 360	- 26	
If the difference in column 1 is less than zero, enter "O" in column 2							TOTAL		O	R TOTAL	126	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						_	OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	CLAIMS REMAINING AFTER AMENOMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
Total	•	Minus	••		=		X \$ 25 =		OR	X \$ 50 =		
Independent	·	Minus	•••		=		X \$ 100 =		OR	X \$ 200 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =		OR	+ \$ 360 =		
			:			•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT		
	(Column 1)		(Column :	2)	(Column 3)				_			
-	CLARIS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	•	linus	••			ſ	X\$25=		OR	X \$ 50 =		
Independent		linus	***			ſ	X \$ 100 =		OR	X \$ 200 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	+\$ 180 =		OR	+\$ 360 =		
						1	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
					•							
The entry in colum	nn 1 is less than the e	ntovin column 2.	welle 70° in oni	emo 3								
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than "2", enter "3".												
he Tighest Humb	per Previously Paid Fo	C (Total or Indep	endent) is the	nghes	and 3 . I mumber found in	the o	appropriate box t	n column f.				
10-875 (Rev. 02/2	005)		<del></del>				Palent and T	redemark Offi	m.US 1	DEPARTMENT OF	· ·	

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